

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/766378

FILING DATE

APPLICANT(S)

815/4 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	1					
2		1				
3	1					
4		3				
5	1					
6		1				
7	1					
8	1					
9		1				
10		1				
11	1					
12		1				
13		1				
14		2				
15	1					
16		1				
17		1				
18		1				
19		1				
20		1				
21	1					
22		1				
23		1				
24		2				
25	1		1		1	
26	1		1		1	
27		2		1		2
28	1		1		1	
29	1		1		1	
30		4				
31		0				
32		2				
33		1				
34	1					
35		①				
36	1	①				
37		0				
38				4		4
39				2		2
40				2		2
41				2		2
42				2		2
43				2		2
44				2		2
45				2	1	
46				2	1	2
47				2		
48					1	
49					1	
50						
TOTAL IND.	14		4		8	
TOTAL DER.	32		23		20	
TOTAL CLAIMS	46		27		28	

	*		*		*	
	IND.	DER.	IND.	DER.	IND.	DER.
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100						
TOTAL IND.						
TOTAL DER.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS